

**HEARTLAND CHRISTIAN SCHOOL**  
**1995 WEST FOURTH STREET**  
**COLBY, KANSAS 67701**  
**785-460-6419**  
**www.hcscolby.org**

**STUDENT APPLICATION FORM**

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| <p><b>For School Use Only:</b><br/>Date Application Rec'd _____</p> <p>\$90.00 due on enrollment dates; after that time enrollment fees are 125.00. Registration fees are non-refundable and are due with application _____</p> <p>Health Records Rec'd _____</p> <p>Transcripts Rec'd _____</p> <p>Testing Completed _____</p> <p>Interview _____</p> <p>Accepted/Rejected _____</p> <p>Date of Acceptance _____</p> |
|---|

**STUDENT INFORMATION**

Name of Applicant \_\_\_\_\_  
First Middle Last

Social Security # \_\_\_\_\_

Grade to Enter \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Place \_\_\_\_\_

School Last Attended \_\_\_\_\_

Address \_\_\_\_\_  
Street/Route City State Zip

Has Applicant ever repeated a grade, been expelled or dismissed? \_\_\_\_\_

Has Applicant ever had any disciplinary difficulties? \_\_\_\_\_

Does Applicant have any physical problems or handicaps? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

*Entering kindergarten students must provide the school with appropriate health department shot records unless they appeal because of personal conviction. Health Records should be made available if coming from a home school.*

Has applicant ever made a profession of faith in Christ? Yes \_\_\_\_ No \_\_\_\_ Age \_\_\_\_\_

Why do you wish to send your child to Heartland Christian School? \_\_\_\_\_

How did you hear about Heartland Christian School? \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Father's Home Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Work Place \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Father's e-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Home Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Work Place \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Mother's email address \_\_\_\_\_

Applicant lives with: (Check One) \_\_\_\_\_ Mother & Father \_\_\_\_\_ Guardian  
\_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only

Has either parent been divorced? \_\_\_\_\_ Is child by present marriage? \_\_\_\_\_

Is child adopted? \_\_\_\_\_

Is there any special information concerning adoption, separation, divorce, child custody, visitation rights, or other similar situations that the school should be aware of? \_\_\_\_\_ If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is Father a Christian? \_\_\_\_\_ Mother? \_\_\_\_\_

Please list all the children in your family:

| <u>Name</u> | <u>Age</u> | <u>Birth Date</u> |
|-------------|------------|-------------------|
| _____       | _____      | _____             |
| _____       | _____      | _____             |
| _____       | _____      | _____             |
| _____       | _____      | _____             |
| _____       | _____      | _____             |
| _____       | _____      | _____             |
| _____       | _____      | _____             |

**CHURCH INFORMATION**

Church now attending \_\_\_\_\_

Address \_\_\_\_\_  
Street/Route City State Zip

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Are you a member? \_\_\_\_\_ How frequently does your family attend services? \_\_\_\_\_

\_\_\_\_\_

**To Parents or Guardian:**

Please make a full statement describing your personal Christian experience and faith.

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**FINANCIAL INFORMATION**(See attached Financial Fact Sheet for the tuition schedule for the 2009-2010 school year.)

**Payment Procedures** as stated in the *Parent/Student Handbook*:

- Tuition payments must be received in the school office by the 1<sup>st</sup> of each month.
- On the 15<sup>th</sup> day of the month, a past due statement will be mailed; this will automatically add \$10 to the amount owed.
- If unusual circumstances have created a financial problem, an immediate request must be made to the school treasurer for a Board review. This request must be made swiftly, so that the Board may make the review at the next monthly board meeting.
- All enrolled families must be current with tuition in order for the child to enter school in the fall and retain priority placement for the following year.

**Heartland Christian School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.**

I understand the terms and conditions of payment as stated in this agreement and the *Parent/Student Handbook*.

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Parent/Guardian's Signature

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Date of Signature

**STUDENT HEALTH RECORD - 2009-2010**

(Please include a copy of student's immunization record)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Is Child's Health    Excellent \_\_\_\_\_    Fair \_\_\_\_\_    Poor \_\_\_\_\_

Weight \_\_\_\_\_    Height \_\_\_\_\_

Any Physical Disability \_\_\_\_\_

If so, please explain:

\_\_\_\_\_

Is child taking any medication? \_\_\_\_\_    If yes, please explain: \_\_\_\_\_

Does child exhibit any difficulties such as:

Diabetes \_\_\_\_\_    Asthma \_\_\_\_\_    Auditory \_\_\_\_\_    Structural or Muscular \_\_\_\_\_

Heart \_\_\_\_\_    Speech \_\_\_\_\_    Allergies \_\_\_\_\_    Hearing \_\_\_\_\_

Other \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_

Physician \_\_\_\_\_    Phone \_\_\_\_\_

Dentist \_\_\_\_\_    Phone \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In the event I cannot be reached to make arrangements for emergency medical care at the time of an accident or illness, I hereby authorize Heartland Christian School to take my child to:

\_\_\_\_\_

|                       |         |       |
|-----------------------|---------|-------|
| Name of Family Doctor | Address | Phone |
|-----------------------|---------|-------|

or to the following Hospital \_\_\_\_\_

|      |         |       |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

or to another physician.

Date \_\_\_\_\_    Signed \_\_\_\_\_    Parent/Legal Guardian

Date \_\_\_\_\_    Signed \_\_\_\_\_    Parent/Legal Guardian

Please indicate persons to be contacted in case of an emergency. (List two)

\_\_\_\_\_

|      |         |       |              |
|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|

\_\_\_\_\_

|      |         |       |              |
|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|

